DEPARTMENT OF PLANNING AND ZONING CITY OF BRUNSWICK, MARYLAND

City Hall, 1 West Potomac Street

Brunswick, Maryland 21716

	APPLICATION FORM AND CHECK LIST					Mailed:	
Subdivision Name					For Office Use Only		
Location						Grid	
Owner						Acres	
		ineer					
Addre	ess						
					Date	Fee	
		SIGNATURE OF OWNER OR AGENT					
ок 	NO ——	GENERAL Drawing: Size, Material, Ink, Legible	– PI ok –	NO NO	EXISTING & F Health Departi	TING & PROPOSED cont'd. th Department Comments	
		Title Information: Name, Sect., Location Scale, Date, North Point			State Highway Comments Plat Boundary in Heavy Outline Acreage: Lots, R/W. reserve, total Monuments Location, Coordinates Coordinates of Boundary Adjoining Subdivision Name, L/F Adjoining Roads – Names, R/W, Width Bearing, dimension of all lines Curve Data Required Building Setback Lotting: Block & Lot Numbers Table of Useable Lot Area		
		Election District, Community, State Name, Address, Phone of Owner, Engineer					
		Location Map, Scale Tax Map Numbers & Overall Property					
		Notary & Seal Horizontal Datum Signature Block – BPc (Chair)					
		Signature Block – Br c (Ghair) Signature Block – Health Dept. Surveyors Certification & Seal					
		Owners Certification & Dedication			Parcels to be	conveyed/reserved	
		Officer (Approving Authority)			Appropriate No Easements: W	/idth/Use	
OK —	NO 	EXISTING & PROPOSED Improvement Plans Public Works/City Eng. Comments Accordance w/ Preliminary Plat	_		Floodplain and Historic Buildir Demolition Per Water & Sewe	ngs/Landscape rmit	

NOTE: TO THE OWNER/DEVELOPER: This notification of NECESSARY plat correction is, generally, for the Surveyor/Engineer's information. All of the corrections must be made before the application can be approved. Owner, please notify your surveyor to make the necessary corrections.

COMMENTS: